

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014580

STATE FILE NUMBER

FILED MAY 11 1959

Registration District No.

316

Primary Registration District No.

3061

Registrar's No.

178

1. PLACE OF DEATH

a. COUNTY **St. Francois**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **Flat River**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri**

b. COUNTY **St. Francois**

c. CITY
OR
TOWN **Flat River**

09420

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **Cunningham N.H.**

Length of stay in lb
2 1/2 years

d. STREET
ADDRESS **Science St.**

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Edward

Alvan

Mann

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED ☐ NEVER MARRIED ☒

WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH

April 12, 1881

9. AGE (In years last birthday)

78

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HRS.

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Dent County, Mo

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

William Mann

13b. MOTHER'S MAIDEN NAME

Elizabeth Estes

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

498 03 4283

17. INFORMANT

Address

Cunningham Nurs.Home, Flat River, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

5 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arterio Sclerosis

Several yrs

DUE TO (c)

ph. Hemiplegic & previous Cerebral Hemorrhage

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

331X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **April 1/59 to May 4/59** and last saw him alive on **May 4 - 1959**
Death occurred at **11:00 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W. J. Zupando, 2

22b. ADDRESS

Flat River Mo

22c. DATE SIGNED

5/4/59

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5/7/1959

23c. NAME OF CEMETERY OR CREMATORY

St. Francois Mem Park

23d. LOCATION (City, town, or county)

St. Francois Co. Mo

24. FUNERAL DIRECTOR

ADDRESS

C.Z. Boyer & Son Desloge, Mo

25. DATE RECD. BY LOCAL REG.

May 7, 1959

26. REGISTRAR'S SIGNATURE

Gether Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related

MAY 12 1959

MAY 12 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Desloge, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.